

2320 S. DuPont Hwy., Dover, DE 19901 Tel. (302) 698-4571 Fax (302) 697-4483 (800) 282-8685 – DE Only

## TERMINATION OF REGISTERED EMPLOYEE AND/OR CERTIFIED APPLICATOR

Business Name and Address:				
Name		Business License Number		
Street				
City	State Zip	Telephone Number		
Employee Name	Social Security No.	Certification No.	Date of Termination	Check if I.D. Card Returned
1.				
2.				
3.				
4.				
5.				
<ul><li>2.</li><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul>				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Name of Authorized Individual:				
Print Name		Signature		Date